

APPLICATION FOR  
COMMERCIAL DRIVER TRAINING SCHOOL  
INSTRUCTOR LICENSE

#### FINGERPRINT AND BACKGROUND CHECKS

Washington State law, RCW 46.82.325, requires driver training school instructor applicants to be fingerprinted for state and national background checks. **Background checks take four to five weeks to complete.**

The Washington State Patrol (WSP) conducts background checks using the Federal Bureau of Investigation's Integrated Automated Fingerprint Identification System. WSP cannot respond to questions regarding background check status. If you have questions, please call the Department of Licensing, Driver Training Schools Program at (360) 902-0110.

Follow the steps below to meet fingerprint and background check requirements:

1. Have your fingerprints taken at a police department or by another authorized person/business.
  - Present your driver license or at least one other form of picture identification.
  - Pay the fingerprinting fee (usually \$5 - \$15).
  - Provide an 8 1/2" x 10 1/2" or larger envelope with postage, addressed to:  
**Washington State Patrol, Identification and Criminal History, PO Box 42633, Olympia WA 98504-2633**
  - Make cashier's check, money order, or a check drawn on a commercial business account payable for \$49 to Washington State Patrol and ask that it be mailed with the fingerprint card in the envelope you provide.
2. The following information must be entered in the spaces on the fingerprint card. Cards with missing or incomplete information, incorrect wording, or bent or folded will be rejected.
  - Your name, any aliases, date of birth, citizenship, residence address, and other identifying information.
  - The name and address of the driving school you will work at in EMPLOYER AND ADDRESS space.
  - The exact words "Commercial Driver Training School Instructor/RCW 46.82.325" in REASON FINGERPRINTED.
  - Entering your social security number is voluntary and for identification purposes only in the SOCIAL SECURITY NO. space for purposes of conducting a background check under RCW 46.82.325,
  - The code WA92039OZ in the ORI space (critical for reporting results to Department of Licensing).

#### COMPLETING THE APPLICATION

The following items **must** accompany the completed application:

1. A non-refundable application fee of \$75. Do not send cash.  
Make check or money order payable to Department of Licensing and mail to:  
**Department of Licensing, PO Box 9048, Olympia, WA 98507-9048.**
2. A copy of your Abstract of Driving Record for the past five years.
3. Verification of education. Submit one of the following:
  - If graduated from a high school or college, attach a copy of your certificate of graduation or transcript of diploma.
  - If not a high school graduate, attach certificate indicating that you have passed the G.E.D. test.
4. Proof of satisfactory completion of driver instructor training obtained through either college course work or through instruction from a licensed commercial driving instructor. A minimum of sixty clock hours is required inclusive of twelve hours of behind-the-wheel training and six of instructor observation. Submit one of the following:
  - If you have completed a state approved college course in traffic safety education instruction, attach an official transcript showing completion of the course bearing the registrar's original seal and signature.
  - If you have received the required instruction from a licensed commercial driving instructor, complete the Verification of Commercial Driving School Instructor Training on page three.

**Allow three weeks for application review** and receipt of examination instructions.

#### THE EXAMINATIONS

1. The following are available at **www.dol.wa.gov** and should be studied to prepare for the knowledge test:
  - The Washington Driver Guide
  - Program Policy and Procedures for Commercial Driver Training Schools
  - Instructor Curriculum Requirements for Student Learning and Performance Goals
  - RCW 46.20, RCW 46.61, and RCW 46.82
  - Drive Right (available at most driver training schools)
2. When you have satisfactorily completed the knowledge test you will be scheduled for a drive test.

*The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.*



APPLICATION FOR  
COMMERCIAL DRIVER TRAINING SCHOOL  
INSTRUCTOR LICENSE

FOR VALIDATION ONLY

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APPLICANT INFORMATION

NAME (Last, First, Middle Initial)			
RESIDENCE ADDRESS			
CITY		STATE	ZIP CODE
DATE OF BIRTH (Mo-Day-Yr)	HOME (AREA CODE) TELEPHONE NUMBER	WASHINGTON DRIVER LICENSE NUMBER	EXPIRATION DATE
NAME OF COMMERCIAL DRIVING SCHOOL YOU WILL BE EMPLOYED BY			
DRIVING SCHOOL STREET ADDRESS			
CITY		STATE	ZIP CODE

BACKGROUND

FINGERPRINT CHECK	
You are required to apply for a background/fingerprint check through the Washington State Patrol (WSP) per Section 4, Chapter 195, Laws of 2002. You are responsible for the payment of all fees that may be charged by the WSP.	
Date your background/fingerprint check was submitted .....	
ANSWER THE FOLLOWING:	
For questions 5-9 "convicted" includes: All instances in which a plea of guilty or nolo contendere is the basis of conviction; and, All proceedings in which a sentence has been suspended or deferred or bail forfeiture.	
1. Have you been a licensed driver for <b>less</b> than five years? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had more than three moving traffic violations within the preceding twelve months or more than four moving traffic violations within the preceding twenty-four months? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had any alcohol related traffic violations within the preceding three years? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had a driver license suspension, cancellation, revocation, or denial within the preceding three years? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted of a felony? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted of a crime involving violence? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been convicted of a crime involving dishonesty, deceit, indecency, degeneracy, or moral turpitude? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been convicted of a crime involving fraud or fraudulent practices involving driver training? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been convicted of a crime involving inducing another to resort to fraud in securing a driver license? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever held a driving training school license or instructor license which was suspended or refused renewal? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

TESTING LOCATION

INDICATE YOUR PREFERENCE
At which driver licensing office do you wish to take your written and driving tests? .....

## VERIFICATION OF COMMERCIAL DRIVER SCHOOL INSTRUCTOR TRAINING

If you have received the required training from a licensed commercial driving instructor have the school owner complete and sign this section. *Attach additional sheets if necessary.*

Date	Number of Hours	Instructor Name	Instructor Cert. No.	Location of Training

*I certify that the above named trainee has had at least sixty hours of training to be a commercial driving instructor and that all training was provided by a licensed commercial driving instructor.*

X

SIGNATURE OF SCHOOL OWNER

DATE SIGNED

PLACE SIGNED

## AFFIDAVIT

*I understand that any misrepresentations or concealed material facts will be sufficient cause for rejection of my application or for suspension of my license. I further understand that any conduct resulting in violation of this act will be just cause for revocation or cancellation of my license.*

*I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.*

X

SIGNATURE OF APPLICANT

DATE SIGNED

PLACE SIGNED

### FOR DEPARTMENT USE ONLY

ATTACHMENTS RECEIVED: ☐ ADR ☐ DIPLOMA ☐ G.E.D. CERTIFICATE ☐ PROOF OF TSE COURSE ☐ VERIFICATION OF CDS TRAINING

BACKGROUND/ FINGERPRINT CHECK: RECEIVED \_\_\_\_\_ ☐ SATIS ☐ UNSATIS TESTING: DT \_\_\_\_\_ KT \_\_\_\_\_

STATUS: ☐ DENIED ☐ APPROVED BY \_\_\_\_\_

CERTIFICATE NO. \_\_\_\_\_ EXPIRATION \_\_\_\_\_